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PTO/SB/01 (10-00)

Approved for use through 10/31/2002, OMB 0651-0032

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DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)		Attorney Docket Number	JAB1705
		First Named Inventor	S. Lilienfeld et al.
COMPLETE IF KNOWN			
		Application Number	10/510,314
		Filing Date	October 1, 2004
		Group Art Unit	1616
		Examiner Name	Frank I. Choi

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

STATIN THERAPY FOR ENHANCING COGNITIVE MAINTENANCE

(Title of the Invention)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY) **10/01/2004** as United States Application Number or PCT International Application Number **10/510,314** and was amended on (MM/DD/YYYY) **07/09/2007**, and which was filed as a 371 application of PCT International Application Number PCT/EP03/03324 filed March 28, 2003.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

DECLARATION - Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/369,285	04/02/2002	

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

Application Serial No.	Filing Date	Status

I hereby appoint:

Practitioners at Customer Number 000027777 →

Place Customer
Number Bar Code
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AND

Practitioner(s) named below:
Name Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Address all telephone calls to Mary A. Appollina at telephone number (732) 524-3742.

Customer Number
Direct all correspondence to: or Bar Code Label 000027777 OR Correspondence address below

Name:

Address:

Address:

City:

State:

ZIP

Country

Telephone:

Fax:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) Sean		Family Name or Surname Lilienfeld		
Inventor's Signature			Date	Aug 22, 2007
Residence: City Sharon	State MA	Country USA	Citizenship South Africa	
Mailing Address 12 Terrapin Lane				
City Sharon	State MA	ZIP 02067	Country USA	
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NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) Joan		Family Name or Surname Amatnick		
Inventor's Signature			Date	
Residence: City Newton	State PA	Country USA	Citizenship USA	
Mailing Address 375 Sentinel Avenue				
City Newton	State PA	ZIP 18940	Country USA	
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Given Name (first and middle [if any]) John		Family Name or Surname Glasspool		
Inventor's Signature			Date	
Residence: City Basel	State	Country Switzerland	Citizenship UK	
Mailing Address Unterer Rheinweg 128				
City Basel	State	ZIP 4057	Country Switzerland	

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NAME OF FOURTH INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Elane M.		Family Name or Surname Guterman	
Inventor's Signature		Date	
Residence: City Princeton Junction	State NJ	Country USA	Citizenship USA
Mailing Address 35 Arnold Drive			
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Application Serial No.	Filing Date	Status

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Name:		
Address:		
Address:		
City:	State:	ZIP
Country	Telephone:	Fax:

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NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Sean		Family Name or Surname	Lilienfeld
Inventor's Signature		Date	
Residence: City Sharon	State MA	Country USA	Citizenship South Africa
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Given Name (first and middle [if any]) Joan		Family Name or Surname	Amathniek
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Inventor's Signature		Date	
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Mailing Address Unterer Rheinweg 128			
City Basel	State	ZIP 4057	Country Switzerland

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Application Serial No.	Filing Date	Status
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		Patented
		Patented

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Address:

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City:	State:	ZIP
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Country	Telephone:	Fax:
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Given Name (first and middle [if any]) Sean		Family Name or Surname Lilenfeld		
Inventor's Signature		Date		
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City Basel	State	ZIP 4057	Country Switzerland	

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NAME OF FOURTH INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Elane		Family Name or Surname Guterman	
Inventor's Signature	<i>Elane Guterman</i>		Date 8/28/2007
Residence: City Princeton Junction	State NJ	Country USA	Citizenship USA
Mailing Address 35 Arnold Drive			
City Princeton Junction	State NJ	ZIP 08550	Country USA
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**DECLARATION
AND
POWER OF ATTORNEY
FOR UTILITY OR DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted with Declaration Submitted after
Initial Filing **OR** Initial Filing (Surcharge
(37 CFR 1.16(e)) required)

Attorney Docket Number	JAB1705
First Named Inventor	S. Lilienfeld et al.
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Country	Telephone:	Fax:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) Sean		Family Name or Surname	Lilienfeld	
Inventor's Signature		Date		
Residence: City Sharon	State MA	Country USA	Citizenship South Africa	
Mailing Address 12 Terrapin Lane				
City Sharon	State MA	ZIP 02067	Country USA	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.				
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) Joan		Family Name or Surname	Amatniek	
Inventor's Signature		Date		
Residence: City Newton	State PA	Country USA	Citizenship USA	
Mailing Address 375 Sentinel Avenue				
City Newton	State PA	ZIP 18940	Country USA	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.				
NAME OF THIRD INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) John		Family Name or Surname	Glasspool	
Signature 	Date 14/9/07.			
Residence: City Basel	State	Country Switzerland	Citizenship UK	
Mailing Address Unterer Rheinweg 128				
City Basel	State	ZIP 4057	Country Switzerland	

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NAME OF FOURTH INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) Elaine M.		Family Name or Surname Guterman		
Inventor's Signature		Date		
Residence: City Princeton Junction	State NJ	Country USA	Citizenship USA	
Mailing Address 35 Arnold Drive				
City Princeton Junction	State NJ	ZIP 08550	Country USA	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.				
NAME OF FIFTH INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname		
Inventor's Signature		Date		
Residence: City	State	Country	Citizenship	
Mailing Address				
City	State	ZIP	Country	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.				
NAME OF SIXTH INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname		
Inventor's Signature		Date		
Residence: City	State	Country	Citizenship	
Mailing Address				
City	State	ZIP	Country	